

January-December 2016 Membership Fee (\$25.00) _____

Paid _____ Check#/cash _____

Kauai - Police Activities League (PAL) 2016 Boxing Program **Juvenile** Registration Form

(PLEASE PRINT IN BLACK OR BLUE INK OR TYPE ALL INFORMATION)

MEDICAL INSURANCE PROVIDER: _____

BIRTH DATE: _____ Shirt Size (Youth S M L) (Adult S M L XL 2XL 3XL) circle one _____ Male Female (circle one)

NAME OF PARTICIPANT: _____ AGE: _____ WEIGHT: _____ HEIGHT: _____ PHONE: _____
(LAST) (FIRST) (M.I.) CELL: _____

MAILING ADDRESS: _____ PARENTS EMAIL: _____

PHYSICAL ADDRESS: _____

SCHOOL: _____ GRADE: _____

MOTHER / FEMALE LEGAL GUARDIAN: _____ ADDRESS: _____

RESIDENCE PHONE: _____ BUSINESS PHONE: _____ CELL PHONE: _____

OCCUPATION: _____ EMPLOYER: _____

FATHER / MALE LEGAL GUARDIAN: _____ ADDRESS: _____

RESIDENCE PHONE: _____ BUSINESS PHONE: _____ CELL PHONE: _____

OCCUPATION: _____ EMPLOYER: _____

During any **K-PAL** activity, media coverage (photography, interviews) may occur: Please circle NO if you do not wish to have your child photographed or interviewed: **YES NO**

RELEASE AND INDEMNITY:

Parent(s) or Legal Guardian: _____, on behalf of _____ (MINOR), for and is consideration of said MINOR being permitted to participate in the **Kauai-PAL** sponsored activities, hereby expressly agree(s):

- A. That there is a substantial value and benefit to be derived by MINOR in participating in any and all sports and recreational activities from January 1, 2016 to December 31, 2016, which is being sponsored by **Kauai-PAL**.
- B. In the event that as the alleged result of consequence or negligence on the part of anyone, that they shall forever release and waive any and all rights to bring suit or claims against, and will indemnify and hold harmless, the County of Kauai, it's officers, agents and employees, **Kauai-Pal** Program & it's Board Of Directors, the **Kauai Police Department**, or any representative, sponsor, manager, coach, trainer, or person who is in any manner connected with the operations of the **Kauai-PAL** Program, on account of any and all claims, demands, loss of services, or expenses for property damage, and/or personal injuries, that may arise as a result of said minor's participation in, or transportation to and from the subject **Kauai-Pal** activity.
- C. That COUNTY is not to be liable for death or injuries resulting during period when MINOR is transported to ACTIVITY.
- D. To give consent to allow MINOR to actively participate in ACTIVITY.
- E. That PARENT(S) recognizes and understands that participation in ACTIVITY involves risk or death, personal injury, and/or property damages, commonly inherent in such activity.
- F. That MINOR, through PARENT or LEGAL GUARDIAN, voluntarily chooses to participate in ACTIVITY, to which action PARENT or LEGAL GUARDIAN, gives approval and consent.
- G. That said MINOR is in reasonable good physical and mental health, such that MINOR can safely participate in ACTIVITY.
- H. To notify a representative from the **Kauai-PAL** PROGRAM if there is any change in MINOR'S physical and/or mental condition such that MINOR cannot safely participate in ACTIVITY.
- I. I/we the parents/guardians of the said MINOR acknowledge that, although highly unlikely, a participant may be exposed to serious injury or death. I/we solely assume the risk involved and grant approval for my/our child to participate in the **Kauai-Pal's** Boxing Program. I/we agree not to hold said organization, its officers, coaches, volunteers, sponsors of teams or any other patron or benefactors of this liable for any injury, or death resulting from injury, to my/our child while participating in said program. If my/our child is injured while participating, I hereby grant permission for his/her admittance to any medical facility deemed appropriate for treatment. Before my/our child participates in physical fitness practice, I/we agree to furnish proof of his/her age, and all required forms. Permission is granted for the league (**Kauai-PAL**) to validate his/her grades. I/we certify that to the best of my/our knowledge, all information provided is correct.

Signed by: _____ &/or _____ &/or _____ DATED: _____
FATHER MOTHER LEGAL GUARDIAN

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For additional support, or to request auxiliary aid, please contact Officer Mitchell Collier or Lt. Mark Ozaki via email at KPAL@kauai.gov

GUIDELINES FOR PARENTS(S) OR LEGAL GUARDIAN

1. Teach the ideals of good sportsmanship and fair play by setting an example for your child and other participants. Your demeanor at practice and scheduled events or activities is a big factor to achieve these ideals.
2. Controversies will arise and tough decisions must be made. The **Kauai-PAL** coach(s), **Kauai-PAL** supervisor and his/her staff will make those decisions in the best interest of the program. Your understanding, tolerance and acceptance are requested. Your patience is greatly appreciated in this program.
3. No interference with the coaching staff during practices and scheduled events. Any coaching or personal corrections should be done on your own time.
4. Any questions or doubts should be brought to the attention of the Head Coach(s). Should the problem remain unsolved, a parent meeting will be scheduled, which shall include the Coach(s) and his/her staff and the **Kauai-PAL** staff in charge.
5. Keep in mind always that **Kauai-PAL** exists solely for our youth. Therefore, decisions made by the **Kauai-PAL** staff, supervisors and trainers will be made in the best interest of the boys and girls in the program.
6. Remembering that the program is for the boys and girls of our communities and should be about them and not about any adult's personal agenda. Decisions will be based upon those ideals.

I FULLY UNDERSTAND MY RESPONSIBILITIES AND DUTIES AS PARENTS/GUARDIANS OF CHILDREN THAT BELONG TO THE K-PAL PROGRAM. I WILL ABIDE BY THE GUIDELINES SET FORTH.

Signed by: MOTHER / FATHER / GUARDIAN: _____ DATE: _____

PARTICIPANT'S MEDICAL INFORMATION

Has your child or did your child have any of the following? Please explain, on the bottom of his sheet.

| A. General Conditions: | Circle one | | Circle one or both | | B. Injuries | Circle one | | Circle one or both | |
|-------------------------------|-------------------|----|---------------------------|---------|--------------------|-------------------|----|---------------------------|---------|
| 1. Fainting Spells | yes | no | past | present | 1. Toes | yes | no | past | present |
| 2. Headaches | yes | no | past | present | 2. Feet | yes | no | past | present |
| 3. Convulsions/epilepsy | yes | no | past | present | 3. Ankles | yes | no | past | present |
| 4. High Blood pressure | yes | no | past | present | 4. Lower knees | yes | no | past | present |
| 5. Kidney problems | yes | no | past | present | 5. Knees | yes | no | past | present |
| 6. Intestinal Disorders | yes | no | past | present | 6. Thighs | yes | no | past | present |
| 7. Hernia | yes | no | past | present | 7. Hips | yes | no | past | present |
| 8. Diabetes | yes | no | past | present | 8. Lower back | yes | no | past | present |
| 9. Heart disorder | yes | no | past | present | 9. Upper back | yes | no | past | present |
| 10. Other | yes | no | past | present | 10. Ribs | yes | no | past | present |
| 11. Other | yes | no | past | present | 11. Abdomen | yes | no | past | present |
| 12. Other _____ | | | | | 12. Chest | yes | no | past | present |

C. Conditions

| | | | | |
|-----------------|-----|----|------|---------|
| 1. Dental Plate | yes | no | past | present |
| 2. Poor vision | yes | no | past | present |
| 3. Poor hearing | yes | no | past | present |
| 4. Asthma | yes | no | past | present |
| 5. Other _____ | | | | |

(Circle One)

Is your child currently taking any medication? Yes No

If yes, describe medication, amount, and reason for taking. _____

Does your child have any adverse reactions to medications? Yes No (Circle One). If yes, what medications and what are the reactions. _____

Does your child have any existing and/or past medical or emotional condition(s) that require special concern and attention by a sport coach? Yes No (Circle One).

Explanation of medical/mental condition: _____

MEDICAL TREATMENT CONSENT

I hereby give permission for any and all emergency medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc., such as, but not limited to calling for medical treatment by fire fighters and ambulance services, under the direction of any pre-approved **Kauai-PAL** coach, board member, police officer or volunteer until such time as I may be contacted. Pre-approved refers to any volunteer that has passed a background check by the **Kauai Police Department**. My child's name is _____. This release is effective for the time during which my child is participating in the **Kauai - Police Activities League (PAL)** program, including traveling to or from competition. I also assume the responsibility for payment of any such treatment.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

FOR OFFICIAL Kauai-PAL USE ONLY (DO NOT SIGN):

TEAM REPRESENTATIVE'S STATEMENT

I hereby certify that I have checked the above information and find the child eligible to participate as of the date indicated below as a player for: **Kauai-PAL Boxing Program**

Date: _____ Signature: _____ Title: _____

COMMISSIONER/DIRECTOR STATEMENT AND CERTIFICATION

I hereby certify that the named child is eligible to participate in the division of play indicated on this Registration/Consent Form.

Date: _____ Signature: _____

Commissioner/Director

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